

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for a patent is sought on the invention entitled: **METHOD, APPARATUS AND COMPOSITIONS FOR INHIBITING THE HUMAN SCENT TRACKING ABILITY OF MOSQUITOES IN ENVIRONMENTALLY DEFINED THREE DIMENSIONAL SPACES.**

the specification of which

☐ is attached hereto.

☒

was filed on May 10, 1999

as

Application Serial No. 09/307,307

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventors' certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes _____	No _____
(Number)	(Country)	(Day/Month/Year Filed)	Yes _____	No _____
(Number)	(Country)	(Day/Month/Year Filed)	Yes _____	No _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ohlandt, Reg. No. 19,815; Paul D. Greeley, Reg. No. 31,019; Charles N.J. Ruggiero, Reg. No. 28,468; David N. Koffsky, Reg. No. 19,905; and George W. Rauchfuss, Jr., Reg. No. 24,459; and each of them, my Attorneys, to prosecute this Application, and to transact all business in the U.S. Patent and Trademark Office connected therewith. I hereby authorize these U.S. Attorneys to accept and follow instructions from _____ as to any action to be taken in the USPTO regarding this Application without direct communication between the U.S. Attorneys and the undersigned. In the event of any change in the authorization, I will notify the U.S. Attorneys in writing.

SEND CORRESPONDENCE TO:

George W. Rauchfuss, Jr.
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.
One Landmark Square, Ninth Floor
Stamford, CT 06901-2682

DIRECT TELEPHONE CALLS TO:
George W. Rauchfuss, Jr.
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.
Tel: (203) 327-4500 FAX: (203) 327-6401

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further than these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor J. A. Nolen

Inventor's signature _____

Date: 2 Feb, 2000

Residence West Greenwich, RI

Citizenship United States

Post Office Address 60 Sharp Street, West Greenwich, RI 02817-2100, US

Full name of second joint inventor, if any Robert H. Bedoukian

Inventor's signature _____

Date: _____

Residence West Redding, CT

Citizenship United States

Post Office Address 72 Limekiln Road, West Redding, CT 06896, US

Full name of third joint inventor, if any Robert E. Maloney

Inventor's signature _____

Date: _____

Residence Bethel, CT

Citizenship United States

Post Office Address 42 Shelley Road, Bethel, CT 06801, US

10051706.011702

DECLARATION AND POWER OF ATTORNEY

Full name of fourth joint inventor, if any Daniel L. Kline

Inventor's signature _____ Date: _____

Residence Gainesville, FL

Citizenship United States

Post Office Address 5027 NW 75th Lane, Gainesville, FL 32653, US

Full name of fifth joint inventor, if any _____

Inventor's signature _____ Date: _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Inventor's signature _____ Date: _____

Residence _____

Citizenship _____

Post Office Address _____

10051705, 011702

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the specification of which

☐ is attached hereto.was filed on May 10, 1999 asApplication Serial No. 09/367,407

and was amended on _____

(if applicable)

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Full name of sole or first inventor J. A. Nolan

Inventor's signature _____

Date: _____

Residence West Greenwich, RICitizenship United StatesPost Office Address 60 Sharp Street, West Greenwich, RI 02817-2100, USFull name of second joint inventor, if any Robert H. Bedoukian

Inventor's signature _____

Date: 1/27/00Residence West Redding, CTCitizenship United StatesPost Office Address 72 Limekiln Road, West Redding, CT 06896, USFull name of third joint inventor, if any Robert E. Maloney

Inventor's signature _____

Date: 1-27-00Residence Bethel, CTCitizenship United StatesPost Office Address 42 Shelley Road, Bethel, CT 06801, US

10051706.011702

DECLARATION AND POWER OF ATTORNEY

Full name of fourth joint inventor, if any Daniel L. Kline

Inventor's signature _____

Date: _____

Residence Gainesville, FLCitizenship United StatesPost Office Address 5027 NW 75th Lane, Gainesville, FL 32653, US

Full name of fifth joint inventor, if any _____

Inventor's signature _____

Date: _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Inventor's signature _____

Date: _____

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the specification of which

☐ is attached hereto.was filed on May 16, 1999

as

Application Serial No. 091 307,907

and was amended on _____

(if applicable)

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DECLARATION AND POWER OF ATTORNEY

Full name of fourth joint inventor, if any Daniel L. KlineInventor's signature Daniel L. KlineDate: February 4, 2010Residence Gainesville, FLCitizenship United StatesPost Office Address 5027 NW 75th Lane, Gainesville, FL 32653, US

Full name of fifth joint inventor, if any _____

Inventor's signature _____

Date: _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of sixth joint inventor, if any _____

Inventor's signature _____

Date: _____

Residence _____

Citizenship _____

Post Office Address _____

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